

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION 6	SITE NUMBER (to be assigned by HQ) TX8117
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.			
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION			
A. SITE NAME CHANNELVIEW WASTE SITE		B. STREET (or other identifier) Penn City Rd. (off I-10)	
C. CITY Channelview	D. STATE TX	E. ZIP CODE 77530	F. COUNTY NAME Harris
G. OWNER/OPERATOR (if known) 1. NAME Municipally Owned		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 1.5 mile gravel road, primarily used as a service road for several industries.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) SF Notifier (b) (6)			K. DATE IDENTIFIED (mo., day, & yr.) 4/12/82
L. PRINCIPAL STATE CONTACT 1. NAME Gary Schroeder, TDWR		2. TELEPHONE NUMBER (512)475-6371	
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) See paragraph V4. <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)			
C. PREPARER INFORMATION 1. NAME Alcee Chriss, Jr. Alcee Chriss 2. TELEPHONE NUMBER (214)742-4521 3. DATE (mo., day, & yr.) 8/26/82			
III. SITE INFORMATION			
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input checked="" type="checkbox"/> 3. OTHER (specify): Midnight dumping (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)			
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____			
C. AREA OF SITE (in acres) .75 Acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.—min.—sec.) 29°46'30"N 2. LONGITUDE (deg.—min.—sec.) 95°09'07"W		
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): _____			

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Allegedly there are several individuals in the town operating a midnight dumping operation. The alleged individuals reside at (b) (6) reported he has seen these individuals dumping raw sewage and waste oil in the area.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT 1000
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE cubic ft.
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

On July 20, 1982 two FIT personnel located (b) (6) the citizen who had registered the complaint in the CERCLA notification. (b) (6) made several allegations: See Attachment "A"

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH		X		Alleged dumping of sewage.
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING		X		On Penn City Rd. on other locations.
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. **None**

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

N/A

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

A. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

CHANNELVIEW WASTE SITE TX8117

Corresponding
number on form

Additional Remark and/or Explanation

V. 4

- (1) Several individuals were involved in midnight dumping operations.
- (2) The group usually operated between 9:00 p.m. and 4:00 a.m.
- (3) Waste oil, raw sewage and chemicals had been dumped.
- (4) He had witnessed dumping in the general area of the gravel road on several occasions.

(b) (6) wanted to remain anonymous because he believed the individuals involved were of questionable character. To maintain his anonymity, (b) (6) did not report these incidents to the local authorities.

After conversing with (b) (6), he accompanied the FIT to the residence of the alleged dumpers (b) (6) where a windshield survey was performed. The group resided in several trailer homes which were located on a vacant lot. Several small volume (300-500 gallon) tank trucks were observed on the property. The FIT did not confront the alleged midnight dumpers. (b) (6) then accompanied the FIT to several locations in the vicinity of the gravel road where the dumping was alleged to have occurred. There was no visual evidence that any waste oils or chemicals had been dumped at these locations. There is a possibility that waste oil, chemicals or raw sewage had been illegally drained from tank trucks in the general vicinity of the gravel road in the past. There was, however, no visual evidence of this during the inspection. Only municipal waste was noted along the road. Therefore, no samples were collected.

A post-inspection attempt was made to contact (b) (6) by telephone to determine whether any additional dumping had recently been observed. It should be noted, however, that the telephone # (713)452-7711 which had been provided the FIT by (b) (6) during the inspection belongs to another party who disavowed any knowledge of a (b) (6)

Since (b) (6) had indicated, however, that midnight dumping is conducted by the group in question on a recurring basis, it is recommended that EPA advise the Harris County law enforcement officials and/or Health Department of this matter.



Photographer / Witness

Alcee Christy

Date / Time / Direction

7-20-82/2:07/North

Comments: West side of road

Showing municipal waste

Photographer / Witness

Date / Time / Direction

Comments:



Photographer / Witness

Alcee Christy

Date / Time / Direction

7-20-82/2:15/North

Comments: West side of road

Showing more municipal waste



Photographer / Witness

Alcee Chrisof

Date / Time / Direction

7-20-82/2:20/North

Comments: East side of road
showing waste

Photographer / Witness

Date / Time / Direction

Comments:



Photographer / Witness

Alcee Chrisof

Date / Time / Direction

7-20-82/2:24/North

Comments: Drainage Gully, East
side of road

Photographer / Witness

Date / Time / Direction

Comments:

Photographer / Witness

Alcee Chriss Jr

Date / Time / Direction

7-20-82/2:33 / North

Comments: *Drainage gully,
East side of road*

Photographer / Witness

Date / Time / Direction

Comments:

